

#23

TRANSMITTAL LETTER (Small Entity)

Application Number: 09/084,441

Group Art Unit: 3739

Filed: May 27, 1998

Examiner Name: Michael Peffley

Applicant: LIN

Attorney Docket Number: 62-575

TITLE: OPTHALMIC SURGERY METHOD USING NON-CONTACT SCANNING LASER

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

Transmitted herewith is a SUPPLEMENTAL DECLARATION in the above-identified application.

Also transmitted herewith is the ORIGINAL LETTERS PATENT, U.S. Pat. No. 5,520,679.

Small entity status of this application has been established under 37 C.F.R. 1.27 by a verified statement previously submitted.

No fee is believed to be due. However, should a fee be assessed, the Director is **hereby authorized to charge** any fees required under 37 C.F.R. 1.16 or any patent application processing fees under 37 C.F.R. 1.17 associated with this communication, or to credit any overpayment to **Deposit Account No. 50-0687 under order No. 62-575.**

Respectfully submitted,

Date: Dec. 4, 2000

Will H. Bollman

William H. Bollman

Reg. No.: 36,457

Attorney for Applicant(s)

Farkas & Manelli, PLLC
2000 M Street, N.W. Suite 700
Washington, DC 20036-3307
Tel. (202) 261-1020
Fax. (202) 887-0336

RECEIVED
DEC-4 2000
TECHNOLOGY CENTER 3700

#23

Please type a plus sign (+) inside this box → ☐

PTO/SR/51S (08-00)

Approved for use through 12/30/2000. OMB 0851-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

SUPPLEMENTAL DECLARATION FOR REISSUE PATENT APPLICATION TO CORRECT "ERRORS" STATEMENT (37 CFR 1.175)	Attorney Docket Number	62-575
	First Named Inventor	LIN
	COMPLETE	
	Application Number	09,084,441
	Filing Date	May 27, 1998
	Group Art Unit	3739
	Examiner Name	M. Peffley

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Jui-Teng

Lin

Inventor's
Signature

Date

Dec 1, 2000

Name of Second Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Name of Third Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Name of Fourth Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SR/02A attached hereto.

(Page 1 of 1)

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.